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PTO/SB/01 (10-01)
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**DECLARATION FOR UTILITY OR** 

Attorney Docket Number

First Named Inventor

PATENT APPLICATION (37 CFR 1.63)			COMPLETE IF KNOWN					
			Application Number		,			
			Filing Date					
X Declarati		Declaration Submitted after Initial	Art Unit					
with Initia Filing	with Initial Filing (surcharge		Examiner Name					
As the below named inventor, I hereby declare that:								
		itizenship are as stated below	w next to my name.					
		entor of the subject matter w		ich a patent is soug	tht on the invention entitled:			
DEVICE AND METHOD FOR DETERMINING AND DETECTING THE ONSET OF STRUCTURAL COLLAPSE								
(Title of the Invention) the specification of which								
is attached he	reto							
or  was filed on (MM/DD/YYYY)  as United States Application Number or PCT International								
					<del></del>			
Application Number		and was amende	ed on (MM/DD/YYYY)		(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is								
claimed.								
Prior Foreign A Numbe		Country	(MM/DD/YYYY)	Not Claimed	YES NO			
	,							

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: [Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## **DECLARATION** — Utility or Design Patent Application

ſ	Direct all con		istomer Number Bar Code Label			OR	X Corre	espondence ad	ldress below
t	Abanti B. Singla Registration No. 36,681								
f	PMB 336 905 West Seventh Street								
f	City	Frederick			State	MD		ZIP 21	701
t	Country	United States	Tele	phone (30	)1) 6	520-40	70	(301) (	620-1727
A 4.00	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief								
		SOLE OR FIRST INVE	1	A petition	has bee	n filed for	this unsign	ned inventor	
A. A	Given Name (first and mi	ziya iddle [if any])	ad H.		Family or Sur	y Name mame	Duron	1	
.#	Inventor's Signature	Begint 9	1 Suc	2				Date 3/1	3/2
Han Han Han	Residence:	Claremont	CA State	l			US Citizenship		
na ind	Mailing Add	4406 Live	Oak Dri	ive					
ħ.	City	Claremont		State C	<u> </u>	ZIP	91711	Country	US
ł		SECOND INVENTOR:		A petition ha	as been	filed for ti	his unsigne	d Inventor	
	Given Name	9	iam P.		Family or Sun	Name name	Wiesn	jann	
	toventor's Signature Date 8 Fc6 02								
	Residence:	City Washing	ton	State	DC	Country	us	Citizenship	US
	Mailing Add	1221 1	N Street	, NW					
	City	Washington		State	DC	ZIP	20007	Country [	us
		Additional inventors are being named on the1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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## **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if an	ıy:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]	Family Name or Surname							
Loland Alexander	<u> </u>		Pranger	<u>:</u>				
Inventor's Signature Labor Many	<u> </u>			Date 8 Fels 2002				
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City Montgomery Village	State MD		ZIP 20886	Country	/ US			
Name of Additional Joint Inventor, if an	ıy:		A petition has been file	d for this	s unsigned inventor			
Given Name (first and middle [if any]	)		Family Name or Surname					
Inventor's Signature			•	Date				
Residence: City State			Country	Citizenship				
Mailing Address								
Mailing Address	-							
			ZIP Country					
Name of Additional Joint Inventor, if any:    State   ZIP   Country								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature					Date			
Residence: City State			Country	Citizenship				
Mailing Address								
Mailing Address								
City State			ZIP Country		euntry			

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